

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

AMERICA'S AGENDA: HEALTH CARE FOR KIDS, INC

(b) Address (number and street) ☐ check if different than previously reported

1919 PENNSYLVANIA AVE NW STE 500

(c) City, State and ZIP Code

WASHINGTON

DC

20006

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001150**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8**(b) Communication Title** Kids**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Mark Blum

(b) Address (number and street)

1919 Pennsylvania Ave., NW Ste 500

(c) City, State and ZIP Code

Washington

DC

20006

(d) Name of Employer or Principal Place of Business

America's Agenda: Health Care for Kids

(e) Occupation

Secretary/Treasurer

9. Total Donations This Statement

1396722.50

10. Total Disbursements/Obligations This Statement

1396722.50

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mark Blum

SIGNATURE Electronically Filed by Mark Blum

DATE 10/14/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.